

**TOWN OF WHITMAN**  
**FIRE, RESCUE, & EMERGENCY SERVICES DEPARTMENT**  
**SERVICE RESPONSE CARD**

THE WHITMAN FIRE, RESCUE, & EMERGENCY SERVICES DEPARTMENT ENDEAVORS TO PROVIDE QUALITY FIRE, RESCUE, AND EMERGENCY MEDICAL SERVICE, WHILE ADHERING TO THE FOLLOWING POLICY ON CUSTOMER SATISFACTION:

We who represent the Town of Whitman Fire, Rescue & Emergency Services Department value and respect all people who need to seek our services. We will listen to you with sensitivity and understanding. Our ethics, attitude and actions will reflect our willingness and flexibility to provide you with answers. You are an integral part of our success. Satisfying you is our goal. To help us serve you better, please take a moment to complete the following:

SERVICES PROVIDED	MEDICAL	CLERICAL/DISPATCH	PROPERTY PROTECTION
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☐
☐
☐

FIRE

FIRE PREVENT/INSP.

OTHER

☐
☐
☐

1

2

3

4

Excellent

Satisfactory

Fair

Poor

How would you rate the quality of service?

☐
☐
☐
☐

Was the service prompt?

☐
☐
☐
☐

Were the employee(s) courteous & helpful?

☐
☐
☐
☐

If your contact was made by phone, was it answered promptly & courteously?

☐
☐
☐
☐

We welcome your comments:

If you would like to receive our Department news letter place your email here \_\_\_\_\_

Would you like a response to your questions & comments

YES

NO

☐
☐

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Run # \_\_\_\_\_

Phone (day) \_\_\_\_\_ (night) \_\_\_\_\_

Time \_\_\_\_\_

Please mail or drop the card off to the address on the front of this card. Your feedback is appreciated and will help us improve our service to you. The Town of Whitman thanks you for taking the time to complete this survey.

Sincerely,

Timothy J. Grenno  
 Chief of Department  
[tgrenno@whitman-ma.gov](mailto:tgrenno@whitman-ma.gov)